EXHIBIT B

Case 06-1072569W0725DP0F 9060QiA 9 Enter eq 09/15/13/14:36:59e 1Page 2 of 11

United States Bankruptcy Couri	DISTRICT OF NEVADA PROOF OF CLAIM				
Name of Debtor USA Capital First Trust Deed Fund, LLC	Case Number 06-10728-LBR				
NOTE: This form should not be used to make a claim for an administrative expease. A 'request' for payment of an administrative expense may be filed pursua					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Robert Carollo and Beverley Carollo 5607 Gateway Road Las Vegas, NV 89120 Name and address where notices should be sent:	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars ☐ Check box if you have never received any notices from the bankruptcy court				
	in this case Check box if the address differs from the address on the envelope sent to you by the court This Space is for Court Use Only				
Account or other number by which creditor identifies debtor:	Check here replaces amends a previously filed claim, dated:				
1. Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in 11 U S.C § 1114(a) Wages, salaries, and compensation (fill out below) Your SS #: Unpaid compensation for services performed fromto				
2. Date debt was incurred:	3. If court judgment, date obtained:				
petition services. CAROLLO reserves the right to amend the o	\$ See attached sheet o complete Item 5 or 6 below Some of the amount might include post claim to reflect this fact. dition to the principal amount of the claim. Attach itemized statement of 6. Unsecured Priority Claim. ☐ Check this box if you have an unsecured priority claim ☐ Amount entitled to priority \$ See attached sheet Specify the priority of the claim: ☐ Wages, salaries, or commissions (up to \$4,650).* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier-11 U S C § 507(a)(3) ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4) ☐ Up to \$2 100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U S C § 507(a)(6) ☐ Alimony, maintenance or support owed to a spouse former spouse or child-11 U S C § 507(a)(7) ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) ☐ Other - Specify applicable paragraph of 11 U S C § \$ 507(a)() *Amounts are subject to adjustment on 4/1:04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. THIS SPACE IS FOR COURT USE ONLY				
 7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim CAROLLO expressly reserves all rights of recoupment and setoff which might arise or which may exist. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Debtor has copies of all documents. Copies will be provided upon request. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): 					
Chris Byrd, Attorney for Carollo	uC				

Case 06-40725-awz25Doc 9060-2	3 a d ante	er eid ii 0.9/1.5//b1 c/b1c:3.6	E50 Page	3 of 11	
		OOF OF CLAIM		IIII IIII IIII IIII IIII AS.	
Name of Debtor	Case No	Case Number		Schedule/Claim ID s31806	
USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classification	ation	
Total mortgage company	30 13		\$46,159.00 17755	Barod	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative examining after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts refle	cted above constitute your claim as	
Name of Creditor and Address: JOHN T MRASZ ENTERPRISES INC DEFINED BENEFIT PLAN DATED 5/86 C/O JOHN T MRASZ & JANET MRASZ TRUSTEES 10015 BARLING ST SHADOW HILLS, CA 91040-1512	001090	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	you agree with the other claim agains this proof of claim if the amounts sh Unliquidated or D filed. If you have also	Debtor or pursuant to a filed claim. If amounts set forth herein, and have no tithe Debtor, you do not need to file EXCEPT as stated below wown above are listed as Contingent, lisputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again.	
Creditor Telephone Number (818) 353-03 83		court.	THIS SPAC	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here replain of this claim amer	 a previously 	filed claim dated	
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	7 Wages,	salanes, and compensation	(fill out below)	Other claims against service	
Services performed Taxes	-	r digits of your SS #	•	(not for loan balances)	
Money loaned Other (describe briefly)	Unpaid (compensation for services pe	rformed from	to	
2. DATE DEBT WAS INCURRED 4/27/04	3 IF C	OURT JUDGMENT, DATE O	DTAINED	(date) (date)	
4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed	
See reverse side for important explanations					
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you entitled to pnority	your claim ur claim is	Check this box if you a right of setoff) Binef description of		FINAYSCEAL red by collateral (including	
UNSECURED PRIORITY CLAIM				П	
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Real Estate L		Other	
Amount entitled to priority \$		Value of Collateral: Amount of arrearage a	nd other charges	at time case filed included in	
Specify the priority of the claim: Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	-	secured claim, if any			
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cassation of the debtor's	L	Up to \$2,225° of deposits towa services for personal, family of Taxes or penalties owed to go	r household use -11	USC § 507(a)(7)	
business, whichever is earlier - 11 U.S.C § 507(a)(4)	Ë	Other - Specify applicable para			
Contributions to an employee benefit plan - 11 U.S C § 507(a)(5)		* Amounts are subject to adjus	iment on 4/1/07 and	i every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	200,0	with respect to cases commen	oed on or after the o	late of adjustment.	
AT TIME CASE FILED (unsecured)	7	secured)	(a	
Check this box if claim includes interest or other charges in addition to the	he p rincip al	amount of the claim Attach ite			
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS: Attach copies of supporting documents, country accounts, contracts, country accounts, mortgages, security DOCUMENTS If the documents are not available, explain if the account of the proof of claim.	uments, su agreement documents ae filing of y	uch as promissory notes, puro ts, and evidence of perfection s are voluminous, attach a su your claim, enclose a stampe	chase orders, inv n of lien DO NO mmary d, self-addressed	oices, itemized statements of ORIGINAL	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO	n, pre va ili corporatio	ng Pacific time, on Novemb ons, joint ventures, trusts a	ar 13 200s	THIS SPACE FOR COURT USE ONLY	
BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO up			
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Center t Franklin Avenue	r		
El Segundo CA 90245-0911	El Seguno	do, CA 90245			
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	e creditor or e	other person authorized to file			
Janet Mra		rustee	l		
SAMET MRA	52				

Case 06-10725-gwz25Doc 9060-2 3550tered 09/15/61:36500 Page 4 of 11 PROOF OF CLAIM YOUR CLAIM IS SCHEDULED AS. Schedule/Claim ID **\$31806** Case Number Name of Debtor Amount/Classification 06-10725-LBR **USA Commercial Mortgage Company** \$46,450,0045,000 NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U.S C § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address: statement giving particulars. you agree with the amounts set forth herein, and have no 11321240001090 other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below Check box if you have JOHN T MRASZ ENTERPRISES INC never received any notices **DEFINED BENEFIT PLAN DATED 5/86** from the bankruptcy court or If the amounts shown above are listed as Contingent, C/O JOHN T MRASZ & JANET MRASZ TRUSTEES BMC Group in this case. Unliquidated or Disputed, a proof of claim must be 10015 BARLING ST SHADOW HILLS, CA 91040-1512 Check box if this address If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again. court. Creditor Telephone Number (818) 353-0282 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages, salanes, and compensation (fill out below) Other claims against servicer (not for loan balances) ☐ Taxes Services performed Last four digits of your SS # X Money loaned Other (describe briefly) Unpaid compensation for services performed from to _ (date) (date) 2. DATE DEBT WAS INCURRED 4/27/04 3. IF COURT JUDGMENT, DATE OBTAINED. 4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM PShby FINANCIAL

Check this box if your claim is secured by collateral (including UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff) entitled to pnority Bnef description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral: Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the pnority of the claim: Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use -11 USC § 507(a)(7) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's Taxes or penaltiles owed to governmental units - 11 U S C § 507(a)(8) business, whichever is earlier - 11 U.S.C § 507(a)(4) Other - Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan - 11 U.S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5 TOTAL AMOUNT OF CLAIM \$ 200,000,00 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and title, if any, of the creditor or other person authorized to file 9/27/06 Ganet Mrasz TRUSTEE SAMET MRASZ

NOTE: This form should not be used to make a claim for an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (the person or other entity to whom the debor owes money or groups/EUP/CY COURT Walls Family Trust Dated 12/10097 Name and defense where notices should be sent: Walls Family Trust Dated 12/10097 Name and develows where notices should be sent: Walls Family Trust Dated 12/10097 Name and address where payment should be sent: Walls Family Trust Dated 12/10097 Name and address where payment should be sent (if different from above): SAME AS ABOVE Telephone number: 1. Amount of Claim as of Date Case Filled: 1. Amount of Claim as of Date Case Filled: 1. Amount of Claim is secured, complete him a below; however, if all of your ofasm is unfocuted, do not complete item 4. 1. Amount of Claim is entitled to priority, complete him a below; however, if all of your ofasm is unfocuted, do not complete item 4. 1. All or part of your claim is entitled to priority, complete him a below; however, if all of your ofasm is unfocuted, do not complete item 4. 1. Amount of Claim includes interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement	UNITED STATES BANKRUPTCY COURT District of Nevalua CEIVED	PROOF OF CLAIM
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Name of Creditor (the person or other entity to whom the debtor owes money or property in PTY COURT Walls Family Trust Dated 127(097) 10.00 per 8 128 in Walls. Trustees 2778 Bedford Way Carson City, NV 89703-4618 Telephone number: Telephone number: The AS Above Telephone number: Telephone num	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencer	ement of the case. A request for payment of an
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Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of	5. Amount of Claim Entitled to Priority und 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categoricheck the box and state the amount.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	If all or part of your claim is entitled to priority, complete item 5.	Specify the priority of the claim.
(See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: (See instruction #3 a on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. I. A. W.S. Of Secured V3 Not Se	□Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	□Domestic support obligations under 11
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Nature of property or right of setoff: Real Estate Motor Vehicle Other Nature of Property: Annual Interest Rate Amount of arrearage and other charges as of time case filed included in secured claim, CONDOMNINAN Basis for perfection: Dubling S2,425* of deposits toward purchalease, or rental of property or services for personal, family, or household use - 11 to \$507 (a)(7). Taxes or penalties owed to governmenta - 11 U.S.C. \$507 (a)(8).	4 Secured Claim (See instruction #4 on reverse side.)	Contributions to an employee benefit plan -
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	if any: \$ Basis for perfection: Building	☐Other - Specify applicable paragraph of 11
Amount of Secured Claim: \$ Amount Unsecured: \$	Amount of Secured Claim: \$ Amount Unsecured: \$	U.S.C. §507 (a)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. Amount entitled to priority:	6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	Amount entitled to priority:
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, montgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)	orders, invoices, itemized statements of running accounts, contracts, judgments, mongages, and security agreements. You may also attach a summary. Attach reducted copies of documents providing evidence of perfection of a security	s
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. *Amounts are subject to adjustment on 4/1 and every 3 years thereafter with respect to cases commenced on or after the date of	DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER	
If the documents are not available, please explain: Adjustment. Adjustment.		<u></u>
Date: 5 // Signature: The person filing this claim must sign it. Sign and pript dame and little, it any, of the creditor of other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of automey, if any,	person authorized to file this claffit and state address and telephone number if different from the no	notice address

Name of Debtor 4PRTHEESPETE LINNIGHTS LLC NOTE: This form should use be used in make a stime for an administrative separate arising sport the consumers are of the case. A compact for payment of an administrative separate arising sport the consumers are still the consum	B10 (Official Form 10) (12/08) UNITED STATES BANKRUPTCY COURT District of Nevada	RECEIVE		PROOF OF CLAIM
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Name of Creditor (the person or other entity to whom the deliver owes money or property). But REMEDIES COUNTY STREAM previously lifed claim. Mary A., SCHOTT, CLEEN Amount of added 12/10/07 MARY A., SCHOTT, CLEEN Amount of added 12/	Del Valle LIVINGStau LLC	Kay 12 12 07 78 1		
Name and address where notices should be sent: Walls Lamily treat sted of 27(007) Joseph P. Walls & Ellen Walls. Frostees 775 - 884 - 29/8 Name and address where payment should be sent (if different from above): Sentence of the step of the sent if you are wave that anymore cles has lifed a proof of claim relating to your claim. Auth copy of statement giving particulars. Check this box if you are wave that anymore cles has lifed a proof of claim relating to your claim. Auth copy of statement giving particulars. Check this box if you are the deliver or trusted in this center. It all or part of your claim is secured, complete item 4 kelow, however, if all of you claim is undexweed, do not complete item 4. If all or part of your claim is centified to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach item of the complete item 4. Specify the priority of the claim. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim includes interest or other charges in addition to the principal amount of claim. Attach item of the claim of the	administrative expense may be fil	ed nursuant to 11 U.S.C. 8 503		
Walls Family Treat dated 12/10/97 lockpeft P. Walls & Ellen Walls. Treaters 2778 Helderfor Way Carson (1y), NV 89701-4618 Filed on: ### Carson (1y), NV 89701-4618 ### Carson (1y)	Name of Creditor (the person or other entity to whom the debtor owes money or proper Walls Family Trust dated 12/10/97	HVS. BANKRUPTCY COUP MARY A. SCHOTT. CLES	Check the armends	his box to indicate that this claim a previously filed claim.
Telephone number: Name and address where payment should be sent iff different from above): Same As Above Telephone number: 1. Amount of Claim as of Date Case Filed: If all or part of your claim is secured, complete item 4. If all or part of your claim is secured, complete item 5. If all or part of your claim is secured, complete item 5. If all or part of your claim is secured, complete item 4. If all or part of your claim is secured, complete item 5. If all or part of your claim is secured, complete item 5. If all or part of your claim is secured, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is entitled to priority in detail item 1. If all or part of your claim is entitled to priority in order to prove the claim. Anount digits of any number by which creditor identifies debtor: As the provent digits of any number by which creditor identifies debtor: As Debtor may have scheduled account as: If all or part of your claim is excured by a lieu on property or a right of setolf and provide the required information. If any 1. Assumed Claim (See instruction 44 on reverse side.) Anount of property or right of setoff: Illean Estate Importance in the claim is secured with a propert or services for person. Anount of secured Claim: Amount o	Walls Family Trust dated 12/10/97 Joseph P. Walls & Ellen Walls, Trustees 2778 Bedford Way		ł .	
Name and address where payment should be sent (if different from above): SAMOL AS Above Telephone number: La Amount of Claim as of Date Case Filed: James As Above If all or part of your claim is secured, complete item 4 below, however, if all of your claim is undecured, do not complete item 4. If all or part of your claim is secured, complete item 4 below, however, if all of your claim is undecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. Cheek this box if you are the debtor or trustee. If all or part of your claim is secured, complete item 4 below, however, if all of your claim is undecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. Cheek this box if you are aware than anyone claim. Attach itemized based on the debtor or trustee. If all or part of your claim is secured, complete item 4. If all or part of your claim is excured to your claim is undecured, do not complete item 4. If all or part of your claim is excured to tharges in addition to the principal amount of claim. Attach itemized on the debtor's basiness, whichever is carried. Demensic support obligations under 11 U.S.C. § \$67(a)(A) or (a)(A)(B). Wages, salaries, or commissions (up to 11 U.S.C. § \$70(a)(A). Wages, salaries, or commissions (up to 11 U.S.C. § \$70(a)(A). Wages, salaries, or commissions (up to 11 U.S.C. § \$70(a)(A). Wages, salaries, or commissions (up to 11 U.S.C. § \$70(a)(A). If any is a manufacture of the property or right of setoff and provide the prequested information. Amount of Property: \$ Amount of Property: \$ Amount of Claim Entitled to Priority under this provide the property or right of setoff and provide the property or right of setoff in the property or services for a property or right of setoff. If all or part of debtor is a property or service is or central of property or services for property or services for central property or services for property or services for a property or services for pro	•		Filed on:_	9/28/2006
Telephone number: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim is unsecured, do not complete item 4. Whose is now of the following categories complete item 4. If all or part of your claim is entitled to priority, complete item 5. 1. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. 2. Basis for Claim: 1. Amount of Secured Claim: 1. Amount of Secured Claim 43 on reverse side.) 1. Secured Claim (See instruction 43 on reverse side.) 1. Secured Claim (See instruction 44 on reverse side.) 1. Secured Claim 45 on on reverse side.) 1. Secured Claim 54 on reverse side.) 1. Secured Claim 55 on the Case Filed included in secured claim, if any: 5	Name and address where payment should be sent (if different from above):		else has claim. A	filed a proof of claim relating to your attach copy of statement giving
If all or part of year claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of year claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. Basis for Claim: Basis for Claim: See instruction #2 on reverse side. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Anount of Property: Annual Interest Rate Amount of Property: Annual Interest Rate Amount of a reverse and other charges as of time case filed included in secured claims, if any: Basis for perfection: Amount of Secured Claim: Amount of Secur		·		•
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Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. 2. Basis for Claim:	If all or part of your claim is entitled to priority, complete item 5.		Specify th	e priority of the claim.
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3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: See Attached Documents 4. Secured Claim (See instruction #3a on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Value of Property: \$ Annual Interest Rate Motor Vehicle Other Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection: Amount of Secured Claim: \$ Annual Unsecured: \$ 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, invoices, invoices, invoices, invoices, invoices, invoices as summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DONOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER Signature: The person filing this claim must sign it. Sign and prign name and title, if any, of the redditor or other person authorized to file this claim and state address and telepthole number if different from the notice address. Signature: The person filing this claim must sign it. Sign and prign name and title, if any, of the redditor or other person authorized to file this claim and state address and telepthole number if different from the notice address.	2. Basis for Claim: MONEY LOANED + Not Repla (See instruction #2 on reverse side:)	2 D	□Wages,	salaries, or commissions (up to
C'heck the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. I AM WSOR IF Secured ON WSCORO! Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Value of Property: \$ Annual Interest Rate % Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection: Amount of Secured Claim: \$ Amount Unsecured: \$ Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Taxes or penalties owed to governmental unit -11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Taxes or penalties owed to governmental unit -11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Taxes or penalties owed to governmental unit -11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 11 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 12 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 12 U.S.C. \$507 (a)(\$.) Other - Specify applicable paragraph of 12 U.S.C. \$507 (a)(\$.) Other - Specify applicable p	3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: See AHA Led Debtor may have scheduled account as:	ocuments	filing of of the do	the bankruptcy petition or cessation ebtor's business, whichever is earlier
Nature of property or right of setoff: Real Estate Motor Vehicle Describe: Value of Property: Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: Basis for perfection: Amount of Secured Claim: Amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: Nature of Property or services for personal, family, or household use - 11 U.S.C. \$507 (a)(7). Taxes or penalties owed to governmental unit - 11 U.S.C. \$507 (a)(8). The personal family, or household use - 11 U.S.C. \$507 (a)(7). Taxes or penalties owed to governmental unit - 11 U.S.C. \$507 (a)(8). Amount entitled to priority: \$	Check the appropriate box if your claim is secured by a lien on property or a right or requested information.	f setoff and provide the		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:	Nature of property or right of setoff: Real Estate Motor Vehicle Describe:	other ROAL estate	lease, or personal	rental of property or services for family, or household use - 11 U.S.C.
Amount of Secured Claim: \$		claim,		
Amount of Secured Claim: \$ Amount Unsecured: \$	•			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. Paramounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Date: Signature: The person filing this claim must sign it. Sign and prigt name and title, if any, of the creditor or other person authorized to file this claim and state address and telephode number if different from the notice address **Rinodat entired to priority: **Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. **Proposition** **Throught entired to priority: **Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. **Date: 10 Signature: The person filing this claim must sign it. Sign and prigt name and title, if any, of the creditor or other notice address	Amount of Secured Claim: \$ Amount Unsecured: \$		C.B.C.	2007 (m)()
orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach reducted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "reducted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS, ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of affustment. *Date: 53 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the reditor or other person authorized to file this claim and state address and telephode number if different from the notice address.				Amount entitled to priority:
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Date: 53 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address	SCANNING.	ESTROYED AFTER	and every cases com	3 years thereafter with respect to menced on or after the date of
	Date: Signature: The person filing this claim must sign it. Sign and pri person authorized to file this claim and state address and telephor	at name and title, if any, of the cite number if different from the no	editor or oth	FOR COURT USE ONLY

B10 (Official Form 10) (12/08)	
UNITED STATES BANKRUPTCY COURT District of Nevada AND FILED	PROOF OF CLAIM
Name of Debtor: CIDGRAMERCY SPELLE CAGIC MEADOWS 12 12 06 711 10	Case Number: 09-32849 Locket?
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencem administrative expense may be filed particular to LI HECOS 503.	nent of the case. A request for payment of an
Name of Creditor (the person or other entity to whom the debtor owes money or property): SCHOTT, CLERKI Walls Family Trust Dated 12/10/97	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Walls Family Trust Dated 12/10/97 Joseph & Eilen Walls, Trustees 2778 Bedford Way Carson City, NV 89703-4618	Court Claim Number:
Telephone number: 775-884-2918	Filed on: 9/27/2006
Name and address where payment should be sent (if different from above): Same As Above	□Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:	☐Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: Sample Claim as of Date Case Filed: Sample Case Filed:	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is entitled to priority, complete item 5.	Specify the priority of the claim.
□Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	□Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
2. Basis for Claim: MONEY LOANED + NOT REPAID (See instruction #2 on reverse stde.)	☐ Wages, salaries, or commissions (up to
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 500 Although Document's (See instruction #3a on reverse side.)	\$10,950*) carned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. I AM UNSURE IF SECURED ON UNSURE	Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Nature of property or right of setoff: Real Estate Motor Vehicle Other, Describe: That is Real Estate. Value of Property: \$ Annual Interest Rate_%	☐Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim,	Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
if any: \$Basis for perfection:	Other - Specify applicable paragraph of 11
Amount of Secured Claim: \$ Amount Unsecured: \$	U.S.C. §507 (a)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)	Amount entitled to priority:
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of
If the documents are not available, please explain:	adjustment. reditor or other FOR COURT USE ONLY
Date: 5/3//U Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creptor person authorized to file this claim and state address and telephone number if different from the model above. Attach copy of power of attorney, if any.	both 18 U.S.C. 88 152 and 3571

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 357

	Case	116-111-126-01WZOELIGE 964	60_2_d=ni	~rad:(19/4/4/4/4/6/6/6/26	ch() Page	2 Ot 11
		~ 6486 46-4 44-53-191- « 61	PR	OOF OF CLAIM	न्यपुट १ ७७९	70 01 11
Na	me of Debtor		Case N	umber [.]		
	USA COMM	IERCIAL MORTGAGE CO	, 06-	10725-LBR		
This	s form should not be used ing after the commencem	t of Debtors and Case Numbers d to make a claim for an administrativ nent of the case A "request" for payi be filed pursuant to 11 USC § 503	ment of an	Check box if you are aware that anyone else has filed a proof of claim relating		
Na	me of Creditor and	Address		to your claim Attach copy of statement giving particulars		
	JOSEPH MA	113212410	002725	Check box if you have		
	PO BOX 187	7		never received any notices from the bankruptcy court or		IIS PROOF OF CLAIM FOR A
	BRUSH CO	80723-0187		BMC Group in this case Check box if this address	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS
	dter Telembere Niveber	(000 c/112 50 111)		differs from the address on the envelope sent to you by the court.	Bankruptcy Court	ready filed a proof of claim with the tor BMC you do not need to file again
		(970) 842-5744 other number by which creditor iden	tifies debtor		<u> </u>	E IS FOR COURT USE ONLY
	_			Check here replain or if this claim amer	a previously	/ filed claim dated
	BASIS FOR CLAIM Goods sold	Personal injury/wrongful death		benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Services performed	Taxes	wages	, salanes, and compensation (ur digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
	Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to
_	NATE DEDT WAS INCUS		lo un	AAUDT HIDAUTHE DATE		(date) (date)
	DATE DEBT WAS INCUR CLASSIFICATION OF CL	AIM Check the appropriate box or box		COURT JUDGMENT, DATE Corbe your claim and state the amo		the time case filed
	See reverse side for important		ioo inai boot doo	SECURED CLAIM	unt of the chairt at	are time case med
L	SECURED NONPRIORI			Check this boy if w	our claım ıs secu	red by collateral (including
٣	exceeds the value of the pr	is no collateral or lien securing your claim roperty securing it or if c) none or only pa				
UN	entitled to priority SECURED PRIORITY CL	LAIM		Brief description of	collateral	
	Check this box if you have	an unsecured claim all or part of which is	5	Real Estate	Motor Vehicle	e Dother
	entitled to priority Amount entitled to priority	œ.		Value of Collateral	\$	
	Specify the priority of the cl	Jam		Amount of arrearage ar secured claim, if any		at time case filed included in
		ons under 11 U S C § 507(a)(1)(A) or (a)(1	1)(B) [Up to \$2 225* of deposits toward	ard purchase lease	e or rental of property or
	Wages salaries or commit before filing of the bankrup	essions (up to \$10 000)* earned within 180 otcy petition or cessation of the debtor's	0 days	services for personal family o	or household use -1	11 U S C § 507(a)(7)
	business whichever is earl	lier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other - Specify applicable part		
╟	Contributions to an employ	/ee benefit plan - 11 U S C § 507(a)(5)	-	* Amounts are subject to adjus	stment on 4/1/07 a	nd every 3 years thereafter
	OTAL AMOUNT OF CLA	AIM \$	\$	with respect to cases commen	icea on or aner the	\$
-	AT TIME CASE FILED	(unsecured)	·	(secured)	(priority)	(Total)
	Check this box if claim incl	ludes interest or other charges in additio	n to the principa	al amount of the claim Attach ite	mized statement o	of all interest or additional charges
		of all payments on this claim has bee				
	running accounts, contrac	MENTS <u>Attach copies of supporting</u> cts, court judgments, mortgages, sec	unty agreemer	nts, and evidence of perfection	of lien DO NO	roices itemized statements of IT SEND ORIGINAL
1	DOCUMENTS If the doc	cuments are not available, explain If	f the document	s are voluminous, attach a sur	nmary	
	proof of claim	To receive an acknowledgment				d envelope and copy of this
	ACCEPTED) so that it is for each person or entity governmental units)	pleted proof of claim form must be actually received on or before 5 0 y (including individuals, partnersh	00 pm, prevail	ing Pacific time, on Novembe	er 13. 2006	THIS SPACE FOR COURT USE ONLY
Ì	BY MAIL TO BMC Group		BY HANI BMC Gr	OOR OVERNIGHT DELIVERY TO OUD		
	Attn USAČM Claims Dod P O Box 911	cketing Center	Attn US	ACM Claims Docketing Cente st Franklin Avenue	r	
	El Segundo CA 90245-09		El Segui	ndo, CA 90245		
DA.	,	SIGN and print the name and title if any this claim (attach copy of power of	y, of the creditor f attorney if any	or other person authorized to file		
19	1/26/06	Corresp MA	L P D - 0-0-1			

Case 06.10725 gwzo=Doc 0660	244=0	torordu00/35/31-31:2	6-50 Dan	o 0 of 11
Case 0649735-90725Anc 961911	PRO	OF OF CLAIM	कि5िशुट Р∂ 9	9 3 01 11
me of Debtor Case Nu		mber		
USA Commercial Mortgage Company	06-107	'25-LBR		
COA Commercial mortgage company	00-107	ZO ZDIK		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expearising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address	1	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTER	DO <u>NOT</u> HAVE TO FILE A PROOF SINCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (515) 279 - 20 20	1-1-4	court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	leptor	Check here replace or if this claim amen	a mrama	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED 4/1/05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amor	unt of the claim at t	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you		Check this box if you a right of setoff)	our claim is secu	red by collateral (including
entitled to priority	ui ciaiii is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	e
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	4	000,0D
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		secured claim, if any		
Wages, salanes or commissions (up to \$10 000)* earned within 180 days	L	Up to \$2 225* of deposits towa services for personal family o	rd purchase lease r household use 1	e or rental of property or 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ai	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	50,00	0,00 \$		\$ 50,000.00
(unsecured)	•	ecured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
 6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security ag 	<i>ments</i> , su	ch as promissory notes, pure	hase orders, inv	oices, itemized statements of
DOCUMENTS If the documents are not available, explain if the do	ocuments	are voluminous, attach a sur	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim, enclose a stamped	d self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent	by mail o	r hand delivered (FAXES N	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailin orporatioi	g racific time, on Novembe ns, joint ventures, trusts an	er 13, 2006 id	USE ONLY
governmental units) BY MAIL TO	-	OR OVERNIGHT DELIVERY TO		
BMC Group	BMC Grou			
P O Box 911	1330 East	Franklin Avenue		
El Segundo, CA 90245-0911 DATE SIGN and print the name and title if any of the		other person authorized to file		
this claim (attach copy of power of attorn		The person authorized to the		

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10 11 11 11 11 11 11 11 11 11 11 11 11 1	"PRC	OF OF CLAIM	6∄9ge∏ag i	Q10 01 11 ·
Name of Debtor	Case Nu	mber		
USA COMMERCIAL MORTGAGE	06-	10725- LBR		
Company				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
1132124100140	7	Check box if you have		
GARY HOGAN IRA H01BD 9900 WILBUR MAY PKWY APT 1604		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
RENO NV 89521-4016		BMC Group in this case		REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	1	eady filed a proof of claim with the
		envelope sent to you by the court		or BMC you do not need to file again
Creditor Telephone Number (1775) 851-9193 Last four digits of account or other number by which creditor identifies of account or other number by which creditor identifies of account or other number by which creditor identifies of account or other number by which creditor identifies of account or other number by which creditor identifies or other number (1775) 851-9193	debtor			E IS FOR COURT USE ONLY
5208 (Placer VINEYARDE)	debioi	Check here replace or if this claim amen	a previousiy	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death] Wages s	salaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned	Unpaid c	ompensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED //- 2/- 0.5	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	vour claim		our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of		Поч
Check this box if you have an unsecured claim all or part of which is		Real Estate		•
entitled to priority Amount entitled to priority \$		Value of Collateral		KNOWN
Specify the priority of the claim		secured claim, if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries, or commissions (up to \$10 000)* earned within 180 days	; <u> </u>	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L	Other Specify applicable para * Amounts are subject to adjust	=	
E TOTAL AMOUNT OF OLANS		with respect to cases commen		date of adjustment
	50,0			_\$ <u>50,000</u>
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach itel	(priority) mized statement o	(Total) If all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , country and accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.	agreements	s, and evidence of perfection	of lien DO NO	oices, itemized statements of T SEND ORIGINAL
		are volumnious attach a sur		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim The original of this completed proof of claim form must be sen	e filing of y	our claim, enclose a stamped	d, self-addressed	envelope and copy of this THIS SPACE FOR COURT
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

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	240-9 Stain 107254bic Solain			न्यपुट । ७७	7 PT 01 11
₄a	me of Debtor	Case Nur	mber		
This e s	TE See Reverse for List of Debtors and Case Numbers from should not be used to make a claim for an administrative exp ing att the commencement of the case. A "request" for payment of ministrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of charm relating to your claim. Attach convert		
	me of Creditor and Address 11321241001201 WHITEHURST FUND LLC C/O LINDA KELLY CARSON MANAGER PO BO < 8927 ASPEN CO 81612-8927	7	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTEI ONE OF THE DE if you have air Bankruptcy Court	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again
	t four d gits of account or other number by which creditor identifies of the point of the country of the countr	debtor	Check here replace	ces a previously	filed claim dated.
	BASIS FOR CLAIM Goods sold Personal injury/wrongful death Sericles performed Taxes Other (describe briefly)	Wages, s Last four	enefits as defined in 11 U S calanes, and compensation (digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against services (not for loan balances)
2 1	DATE DEBT WAS INCURRED 3/06	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4	CHASTIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
1	See reverse side for important explanations		SECURED CLAIM		
	ISECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.	your claim our claim is	a right of setoff) Brief description of		red by collateral (including
UN	SECURED PRIORITY CLAIM		Real Estate		e
	Check this tiox if you have an unsecured claim, all or part of which is entitled to priority		Value of Collateral	Motor Venick	Other
	Amount entried to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any		at time case filed included in
	Domestii Hupport obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
	Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	, <u> </u>	Taxes or penalties owed to go		•
	Contributions to an employee benefit plan 11 U S C § 507(a)(5)	ليا	Other - Specify applicable part * Amounts are subject to adjust	stment on 4/1/07 a	nd every 3 years thereafter
5	FOTAL AMOUNT OF CLAIM \$ \$	100 4	with respect to cases commen	ced on or after the	date of adjustment.
	AT TIME CASE FILED (unsecured)		ecured) + IN	(pnonty)	(Total)
	Check this box if claim includes interest or other charges in addition to the	ne principal a	amount of the claim Attach ite	mized statement of	of all interest or additional charges
7	CREDITS The amount of all payments on this claim has been cre- SUPPORTING DOCUMENTS <u>Attach copies of supporting doct</u> running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the co	<i>uments,</i> su agreements	ch as promissory notes pure s, and evidence of perfection	chase orders, inv	voices, itemized statements of
	DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stamped	d self-addressed	d envelope and copy of this
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	BY MAIL TO BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO JP		
İ	Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	r	
	El Segundo C/i 90245-0911	خيصص	lo, CA 90245	 	
DA	this claim (attach copy of power of attor	ney if any)	Whitehust 7	arduc	
16	at 2106 X Kelly Cason A	L. Kelle	v Carsus		